



Missouri Pharmacy Program – Preferred Drug List



Phase I – Therapeutic Classes

HMG Co-A Reductase Inhibitors (Statins):

Effective 06/16/2004

Preferred Agents

Advicor®
Altacor®/Altoprov®
Lescol®
Lescol XL®
Lipitor®
Lovastatin
Pravachol®
Zocor®

Non-Preferred Agents

Crestor®
Mevacor®
Pravigard Pac®

Approval Criteria

- Failure to achieve desired therapeutic outcomes with documented trial period for 3 or more preferred agents.
- Documented ADE/ADR to preferred agents.
- Documented compliance on current therapy regimen.

Denial Criteria

- Lack of adequate trial on required preferred agents.
- Therapy will be denied if no approval criteria are met.
- MAC pricing will be utilized when applicable.
- Drug Prior Authorization Hotline: (800)392-8030.